



MCFT-1  
State Form 49870  
(R5/2-05)

*Indiana Department of Revenue*

**Intrastate Motor Carrier Fuel Tax  
Annual Permit Application and Renewal**

**Annual Fee: \$25.00**

*Please print or type all information*

**Section A**

1. Federal Identification Number: \_\_\_\_\_ — \_\_\_\_\_
2. If this business is currently registered for any Indiana tax under this ownership, enter your Indiana taxpayer identification number (TID): \_\_\_\_\_
3. Name and address of owner, partnership, corporation, or other entity.  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_
4. Is this business registered as a nonprofit entity in Indiana? Yes ☐ No ☐
5. Type of business organization: ☐ Sole owner ☐ Partnership ☐ Corporation ☐ Government ☐ Other
6. All *corporations* must complete the following section, otherwise go to Line 7.
  - A. State of incorporation: \_\_\_\_\_
  - B. Date of incorporation: \_\_\_\_\_
  - C. State of commercial domicile: \_\_\_\_\_
  - D. If not incorporated in Indiana, enter the date you were authorized to do business in Indiana: \_\_\_\_\_
  - E. Accounting period and year ending date: \_\_\_\_\_
7. Name(s) of owners, partners, or corporate officers: (Attach a separate sheet if necessary)

Last Name	First Name	Title	Street	City	State	Zip	Social Security #

8. Name of contact person (owner, partner, or corporate officer): \_\_\_\_\_
9. Contact person's telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_
10. Business trade name or D.B.A. name and address (PO Box number cannot be used as business location address):  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_
11. Business location telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

## Section B

Enter the mailing address where your quarterly tax returns should be sent.

Name:		
Street:		
City:	State:	Zip Code:

12. Check the type(s) of motor carrier operations in which you engage. ☐ Common ☐ Contract  
☐ Private ☐ Exempt

13. Enter your *intrastate* USDOT Number:

Check here if you are applying for a USDOT Number: ☐

14. Check the type(s) of fuel consumed by your Qualified Motor Vehicles:

☐ Diesel ☐ Gasoline ☐ Gasohol ☐ Natural Gas ☐ Propane ☐ Other

### Request for Decals

The decal must be placed on the driver's side door of each Qualified Motor Vehicle operated. Additional decals may be requested during the year.

15. Enter the number of decals needed for your Qualified Motor Vehicles:

**Applicant agrees, under penalty of perjury, that the information given on this Fuel Tax application is, to the best of their knowledge, true, accurate, and complete.**

**Note:** This form must be signed by an owner, partner, or corporate officer listed on the front of this application or by an authorized agent. If signed by an authorized agent, a properly completed power of attorney must be attached to this application.

Date:

Signature:

Title:

Make your check for **\$25.00** payable to the Indiana Department of Revenue and mail it, along with this application to:

**Indiana Department of Revenue  
Motor Carrier Services Division  
PO Box 6081  
Indianapolis, IN 46206-6081  
(317) 615-7345**



MCFT-1 Instructions  
R2/2-05

Indiana Department of Revenue  
**Intrastate Motor Carrier Fuel Tax**  
**Annual Permit and Application Instructions**

**Need a Handbook?**

There's a more convenient way to get the forms and publications you need. To print your copy of the fuel tax handbook or forms, go to [www.state.in.us/dor/mcs/forms.html](http://www.state.in.us/dor/mcs/forms.html).

**Please enter all requested information.**

**Section A**

**Line 1:** Nine-digit federal employer identification number (FEIN).

**Line 2:** Ten-digit Indiana taxpayer identification number (TID). If you do not have one, one will be assigned to you.

**Line 3:** Name and business address of the sole proprietor, partnership, corporation or other legal entity.

**Line 4:** Indicate whether the business is registered as a nonprofit entity in Indiana.

**Line 5:** Indicate the type of business by checking the appropriate box.

**Line 6:** If a corporation, complete lines A through E.

**Line 7:** List each owner, partner, or corporate officer. If more space is needed, attach additional sheets.

**Line 8:** The contact person should be an owner, partner, or responsible officer that the Department may contact. **If the contact is an authorized agent, a properly completed power of attorney must be attached to the renewal application.**

**Line 9:** Telephone number of the contact person.

**Line 10:** Business trade name or DBA name and address.

**Line 11:** Business location phone number.

**Section B**

Address of where you would like your return/renewal mailed.

**Line 12:** Primary type of carrier operations in which you will engage.

**Line 13:** The **Intrastate** USDOT Number. If you do not have a USDOT number, one will be assigned to you.

**Line 14:** Fuel type used in your vehicles.

**Line 15:** Total number of decals needed. **Requests for additional decals must be made in writing and may result in an audit of your account.**

**Sign and date your return.** Enclose your payment of **\$25.00**, made payable to the Indiana Department of Revenue, and mail to:

**Indiana Department of Revenue**  
**Motor Carrier Services Division**  
**P.O. Box 6081**  
**Indianapolis, IN 46206-6081**

**Questions?**

You can write to us at the above address, or you may call us at (317) 615-7345 from 8:00 a.m. to 4:30 p.m. Monday through Friday. Please have your taxpayer identification number available when you call.